

Client Data Information Form

Please provide all necessary information in the spaces provided. If you should have any questions regarding this form, please do not hesitate to call Wachovia's Insurance Commissioner Services for Arizona at 1-877-877-2143, option 4.

Wachovia Account Number: _____

Account Name: _____
Address 1: _____
Address 2: _____
Address 3: _____
City, State, Zip: _____

Tax Payer ID: _____ Type of Insurance: _____
State of Domicile: _____ NAIC Group _____
Minimum Deposit: _____ NAIC ID _____

Account Contact Information:

Contact Name: _____
Contact Telephone Number: _____ Contact Fax Number: _____
Contact Electronic Mail Address: _____

Income Distribution Paid Quarterly:

Please Check One Box:

☐ Physical Check. The check will be sent to the mailing address above.

☐ Wire. Please provide wire instructions below:

Statement Schedule:

Please Check One Box:

☐ Quarterly

☐ Monthly-annual fee of \$120.00

Authorized Signature List:

The following section must be completed to designate individual(s) who have authority to direct Wachovia regarding this account.

Name	Title	Signature
_____	_____	Will sign _____
_____	_____	Will sign _____
_____	_____	Will sign _____

If you require additional space, please note the Name, Title and Signature on the reverse side of this form.